

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 1450

Office of Registrar of Vital Statistics.

Ward 16<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 17<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Burger

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age,        Years,        Months, 17 Days

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,       

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 634 Portland St

Cause of Death, { First (Primary), Second (Immediate), } Marasmus  
Spasms

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 18<sup>th</sup> 1887

Undertaker, Geo Leinbach

Place of Business, 647 West Pratt St Address, 1701 Dr. Hill Ave

F. J. Flannery

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No.

1451

Office of Registrar of Vital Statistics.

Ward

7 1/2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

July 17<sup>th</sup> 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Maggie Pickett

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

22

Years,

Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Empress

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Ohio

Duration of Residence in the City of Baltimore,

9 yrs -

Place of Death,

{ Give Street and Number. }

St Joseph's Hospital

Cause of Death,

{ First (Primary),

Second (Immediate),

Consumption

Exhaustion

Duration of Last Sickness,

2 yrs -

All the above information should be furnished by the physician.

Place of Burial,

New Cathedral

Date of Burial,

July 18 -

{ Undertaker,

H. C. Wiedefeld

Oscar J. Hoskey M. D.  
Medical Attendant.

{ Place of Business,

916 Greenmount

Address,

624 E. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 1452 Office of Registrar of Vital Statistics. Ward 7<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the accuracy of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 17<sup>th</sup> 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Florence Young

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 3 Months, 1 Days

Color, colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, for any

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. } 810 E. North St. (rear)

Cause of Death, { First (Primary), Second (Immediate), } Marasmus.  
Exhaustion

Duration of Last Sickness, about six weeks

All the above information should be furnished by the Physician.

Place of Burial, Public Cemetery

Date of Burial, July 18/87

{ Undertaker, Geo. Rinehart } Edward G. Mackenzie M. D.

{ Place of Business, } Address, 206 W. Franklin St.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No.

A 1453

Office of Registrar of Vital Statistics.

Ward

152

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

July 18<sup>th</sup> 1887.

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Caroline Amback

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

73 Years,

Months,

Days.

Color,

White.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

#5 Germany,

Duration of Residence in the City of Baltimore,

45 years

Place of Death,

{ Give Street and Number. }

5051 Sharp St.

Cause of Death,

{ First (Primary),

Old age.

Second (Immediate),

Exhaustion of Heart.

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial,

Old Shalom Cemetery

Date of Burial,

July 19

{ Undertaker,

Jacob Shrens

R. J. N. Tall M. D.

Medical Attendant.

{ Place of Business,

26 W Baltimore St.

Address, 524 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No.

1454. Office of Registrar of Vital Statistics.

Ward

17.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

July 17<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sarah Ella Allen

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

Four Months,

Days.

Color,

Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give Street and Number. }

46 West St

Cause of Death, { First (Primary), Second (Immediate), }

Diarrhea

Duration of Last Sickness,

About three weeks

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St

Date of Burial,

July 18<sup>th</sup> 87

Undertaker,

Sorrell & Gandy

Place of Business,

416 Cross St

Address,

Alvis Hall M. D.  
Medical Attendant.  
Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1455 Office of Registrar of Vital Statistics.

Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 18<sup>th</sup> 1887

Full Name of Deceased, Gather Emory Wilson  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male  
{ Cross out the word not required in this line. }

Age, 2 Years, 2 Months, 0 Days.

Color, Black

Married, Single, ~~Widow~~ or ~~Widower~~, Single  
{ Cross out the words not required in this line. }

Occupation,

Birth Place, Baltimore  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life time

Place of Death, 122 Jones St.  
{ Give Street and Number. }

Cause of Death, Cholera Infantum  
Exhaustion  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 18<sup>th</sup> 1887

Undertaker, Thimmadder

Place of Business, 46 East Address, 1812 E. Baltimore St.

P. H. Hoffman M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1456 Office of Registrar of Vital Statistics.

Ward 18<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 17<sup>th</sup> 1887

Full Name of Deceased, Thos L. Smith  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 2 Years, 3 Months,    Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,   

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,   

Place of Death, { Give Street and Number. } 936 Sharp St

Cause of Death, { First (Primary), Second (Immediate), } Meningitis, Convulsions,  
16 hours

Duration of Last Sickness,   

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 18<sup>th</sup> 1887

Undertaker, C. F. House

R. J. H. Tall M. D.

Medical Attendant.

Place of Business, 203 W. Monument Address, 15-2 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132, Printed 10/27/2022.



The Special Attention

# Board of Health, City of Baltimore,

Permit No. A. 1467 Office of Registrar of Vital Statistics. Ward 8<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 18, 1887.

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Uriah J. Jones

Sex, Male or ~~Female~~, Cross out the word not required in this line.

Age, Eighty three Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days,

Color, White.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, Cross out the word not required in this line.

Occupation, Cornet

Birthplace, State or country, and how long in the United States, if of foreign birth. Not known.

Duration of Residence in the City of Baltimore, Since Jan'y 29, 1863.

Place of Death, Give Street and Number. Maryland Penitentiary.

Cause of Death, First, (Primary,) Apoplexy.

Second, (Immediate,) asphyxia

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Cumberland Md.

Date of Burial, July 18<sup>th</sup> J. M. Cockrill M. D.

Undertaker, H. C. Weisfeld Medical Attendant.

Place of Business, 916 Greenmount Address, 26 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

(4769) Tram



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1458 Office of Registrar of Vital Statistics.

Ward 7<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 18<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kate Dempsey

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 3 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. Co.

Duration of Residence in the City of Baltimore, 9 months

Place of Death, { Give Street and Number. } 1452 Harford Ave.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum  
Convulsions

Duration of Last Sickness, 2 1/2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 19<sup>th</sup> 1887

Undertaker, Edwin B. Henry

Edwin B. Henry M. D.

Medical Attendant

Place of Business, 1000 E. Pratt St. Address, 1201 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A. 1459 Office of Registrar of Vital Statistics.

Ward 18<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

July 18<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Eberhard V. Kurrelmeyer,

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 46 Years,

Months,

Days.

Color,

White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Grocer,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany,

Duration of Residence in the City of Baltimore, 20 years,

Place of Death, { Give Street and Number. }

N. E. Cor Eutan & Cross Sts,

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Morbus,

Duration of Last Sickness,

2 days,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, July 20/87

{ Undertaker, Ph. J. Lill + son

R. J. H. Tall, M. D.

Medical Attendant.

{ Place of Business, 746 Columbia Address,

152 Sharp St,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]